

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
 IPEA/ EP

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

| | | |
|--|--|---|
| Identification of IPEA | | Date of receipt of DEMAND |
| Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION | | |
| International application No. PCT/GB2003/001049 | | International filing date (day/month/year) 13 March 2003 |
| (Earliest) Priority date (day/month/year) 13 March 2002 | | |
| Title of invention Arrays and Methods | | |
| Box No. II APPLICANT(S) | | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Sense Proteomic Limited Unit 4, The Switchback Gardner Road, Maidenhead Berkshire SL6 7RJ, United Kingdom | | Telephone No. Facsimile No. Teleprinter No. Applicant's registration No. with the Office |
| State (that is, country) of nationality: GB | | State (that is, country) of residence: GB |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) BLACKBURN, Jonathan, Michael 36 Woodlark Road Cambridge CB3 0HS United Kingdom | | |
| State (that is, country) of nationality: GB | | State (that is, country) of residence: GB |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) GODBER, Benjamin, Leslie, James 13 Crow Hill Lane Great Cambourne Cambridge CB3 6AP United Kingdom | | |
| State (that is, country) of nationality: GB | | State (that is, country) of residence: GB |
| <input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet. | | |

Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

HART, Darren, James
 c/o Sense Proteomic Limited
 The Old Rectory
 Nedging Tye
 Ipswich IP7 7HQ
 United Kingdom

State *(that is, country)* of nationality: GBState *(that is, country)* of residence:

GB

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

KOZLOWSKI, Roland
 The Corner House
 West End
 Wootton, Woodstock
 OX20 1DL
 United Kingdom

State *(that is, country)* of nationality: GBState *(that is, country)* of residence:

GB

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

DAVIES, Andrew
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 United Kingdom

State *(that is, country)* of nationality:

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State *(that is, country)* of residence:

GB

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:

Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is agent common representativeand has been appointed earlier and represents the applicant(s) also for international preliminary examination. is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked. is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: (Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country.)CHAPMAN, Paul William
KILBURN & STRODE
20 RED LION STREET
LONDON WC1R 4PJ
GBTelephone No.
020 5739 4200Facsimile No.
020 5739 4299

Teleprinter No.

Agent's registration No. with the Office

 Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:***1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed
 the description as originally filed
 as amended under Article 34

the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

the drawings as originally filed
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired.)* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

| | | |
|--|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (specify) | : | sheets |

For International Preliminary Examining Authority use only

| received | not received |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

| | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listings in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

CHAPMAN, Paul William
Agent for the Applicant
13 October 2003

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

The applicant has been informed accordingly.

4. The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

| | | | | | | | | | |
|---|---|--|-------------------------------|---------------------------------|---|---|----------------------------------|-------------------------------------|---|
| International application No. PCT/GB2003/001049 | For International Preliminary Examining Authority use only | | | | | | | | |
| Applicant's or agent's file reference P33676WO | Date stamp of the IPEA | | | | | | | | |
| <p>Applicant Sense Proteomic Limited</p> <p>CALCULATION OF PRESCRIBED FEES</p> <p>1. Preliminary examination fee 1530 P</p> <p>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) 159 H</p> <p>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box 1689 EURO TOTAL</p> | | | | | | | | | |
| <p>MODE OF PAYMENT</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-bottom: 10px;"><input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td> <td style="width: 50%; padding-bottom: 10px;"><input type="checkbox"/> cash</td> </tr> <tr> <td><input type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input checked="" type="checkbox"/> other (specify): <i>Fees paid by FAX -</i></td> </tr> </table> | | <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) | <input type="checkbox"/> cash | <input type="checkbox"/> cheque | <input type="checkbox"/> revenue stamps | <input type="checkbox"/> postal money order | <input type="checkbox"/> coupons | <input type="checkbox"/> bank draft | <input checked="" type="checkbox"/> other (specify): <i>Fees paid by FAX -</i> |
| <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) | <input type="checkbox"/> cash | | | | | | | | |
| <input type="checkbox"/> cheque | <input type="checkbox"/> revenue stamps | | | | | | | | |
| <input type="checkbox"/> postal money order | <input type="checkbox"/> coupons | | | | | | | | |
| <input type="checkbox"/> bank draft | <input checked="" type="checkbox"/> other (specify): <i>Fees paid by FAX -</i> | | | | | | | | |

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT
(*This mode of payment may not be available at all IPEAs*)

| | |
|---|--|
| <p><input type="checkbox"/> Authorization to charge the total fees indicated above.</p> <p><input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.</p> | <p>IPEA/ _____</p> <p>Deposit Account No.: _____</p> <p>Date: _____</p> <p>Name: _____</p> <p>Signature: _____</p> |
|---|--|